

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathiam  
Secretary of State  
DIVISION OF CORPORATIONS

1-2

DOCUMENT # 252940 (2)

1. Corporation Name

NATIONAL MONUMENT CO., INC.



000001869360  
-06/20/96--01040--002

Principal Place of Business

1201 S. ORLANDO AVENUE  
SUITE 365  
WINTER PARK FL 32789

Mailing Address

1201 S. ORLANDO AVENUE  
SUITE 365  
WINTER PARK FL 32789

3. Date of Last Report  
11/08/1991

3a. Date of Last Report  
03/24/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

4. FEI Number

59-0941038

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BALDWIN, RICHARD O. JR.  
1201 SOUTH ORLANDO AVENUE  
SUITE 365  
WINTER PARK 32789

81 Name  
Keenan L. Knopke

82 Street Address (P.O. Box Number is Not Acceptable)  
11655 S. W. 117th Ave.

83

84 City  
Miami, FL

85 Zip Code  
FL 33186

11. Pursuant to the provisions of Sections 607.0105 and 607.1505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0105, Florida Statutes.

SIGNATURE

*Richard O. Jr. Baldwin*

*4/29/96*

12. OFFICERS AND DIRECTORS

|                |                                       |                                            |
|----------------|---------------------------------------|--------------------------------------------|
| TITLE          | VD                                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | BALDWIN, RICHARD O. JR.               |                                            |
| STREET ADDRESS | 1201 S ORLANDO AVE, #365              |                                            |
| CITY- ST- ZIP  | WINTER PARK FL                        |                                            |
| TITLE          | P                                     | <input type="checkbox"/> DELETE            |
| NAME           | KNOPKE, KEENAN                        |                                            |
| STREET ADDRESS | 3600 G.W. 8TH STREET 11655 S.W. 117th |                                            |
| CITY- ST- ZIP  | MIAMI FL 33186                        |                                            |
| TITLE          | VT                                    | <input type="checkbox"/> DELETE            |
| NAME           | MATASAVAGE, FRANK L                   |                                            |
| STREET ADDRESS | 2400 HARRELL ROAD                     |                                            |
| CITY- ST- ZIP  | ORLANDO FL                            |                                            |
| TITLE          | VS                                    | <input type="checkbox"/> DELETE            |
| NAME           | OLVEY, CORINNE I                      |                                            |
| STREET ADDRESS | 1201 S ORLANDO AVE #365               |                                            |
| CITY- ST- ZIP  | WINTER PARK FL                        |                                            |
| TITLE          | TD                                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | BERNER, LAWRENCE                      |                                            |
| STREET ADDRESS | 110 VETERANS BLVD                     |                                            |
| CITY- ST- ZIP  | METairie LA                           |                                            |
| TITLE          | AS                                    | <input type="checkbox"/> DELETE            |
| NAME           | BUDDE, KENNETH C                      |                                            |
| STREET ADDRESS | 110 VETERANS BLVD                     |                                            |
| CITY- ST- ZIP  | METARIE LA                            |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                               |                                                                              |
|--------------------|-------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | VP/D                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | Brian J. Marlowe              |                                                                              |
| 1.3 STREET ADDRESS | 6707 Democracy Blvd., Ste 450 |                                                                              |
| 1.4 CITY- ST- ZIP  | Bethesda, MD 20817            |                                                                              |
| 2.1 TITLE          | VP/D                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | William E. Rowe               |                                                                              |
| 2.3 STREET ADDRESS | 110 Veterans Blvd.            |                                                                              |
| 2.4 CITY- ST- ZIP  | Metairie, LA 70005            |                                                                              |
| 3.1 TITLE          | D                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | Joseph P. Henican III         |                                                                              |
| 3.3 STREET ADDRESS | 110 Veterans Blvd             |                                                                              |
| 3.4 CITY- ST- ZIP  | Metairie, LA 70005            |                                                                              |
| 4.1 TITLE          | VP                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | ERIC Maspons, Jr.             |                                                                              |
| 4.3 STREET ADDRESS | 11655 S.W 117th Ave           |                                                                              |
| 4.4 CITY- ST- ZIP  | Miami, FL 33186               |                                                                              |
| 5.1 TITLE          | AS                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | Ronald H. Patron              |                                                                              |
| 5.3 STREET ADDRESS | 110 Veterans Blvd             |                                                                              |
| 5.4 CITY- ST- ZIP  | Metairie, LA 70005            |                                                                              |
| 6.1 TITLE          | VP                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME           | Mariana Caballero             |                                                                              |
| 6.3 STREET ADDRESS | 11655 S.W. 117th Ave          |                                                                              |
| 6.4 CITY- ST- ZIP  | Miami, FL 33186               |                                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.071(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee or authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an appointment with an address.

SIGNATURE:

*Corinne Olvey*

Corinne I. Olvey, VP/S

*4/29/96*

407/740-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER:

CR2E034 (12/95)

252940

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**NATIONAL MONUMENT CO., INC.**

**BLOCK 13 - CONTINUED - ADDITIONS/CHANGES TO THE OFFICERS  
LISTED IN BLOCK 12**

The following are additional Officer(s) of this corporation as space was not  
available in Block 13 of the original form completed:

VP Robert A. Feury  
11655 S.W. 117th Ave  
Miami, FL 33186

Addition ☒

VP Gabriel Romañach  
11655 S.W. 117th Ave  
Miami, FL 33186

Addition ☒